

Seattle HIV/AIDS Planning Council

Minutes ☿ October 8, 2007

4:00pm - 6:30pm

2100 Building – 2100 24th Avenue South, 98144

Committee Members Present: *Richard Aleshire, Amy Bauer, Heath Bouldin, Gerrie LaQuey, Bill Hall, Craig Kelso, Kieu-Anh King, Higinio Martinez, Kris Nyrop, Ron Padgett, Jodie Pezzi, Tony Radovich, David Richart, German Rodriguez, Pam Ryan, Erick Seelbach, Luis Viquez, Bob Wood*

Committee Members Absent: *Dennis Bookhart, Madeline Brooks, Robert Carroll, Charlie Curvin, Shireesha Dhanireddy, Jim Elliott, Brandie Flood, Andrew Murphy*

Planning Council Staff Present: Jesse Chipps, Harnik Gulati, Natalia Ospina (minutes)

Health Department Staff Present: Barb Gamble, Jeff Natter

Guests: Samuel Andrews (applicant for membership), Kathleen Elling (applicant for membership), Justin Hahn (Washington State Department of Health), Sarah Kent (BABES Network/YWCA, applicant for membership), Warren Leyh (Public Health HIV/AIDS intern), Arthur Padilla (Multifaith Works, applicant for membership), Kevin Patz (applicant for membership)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

- Bob announced a meeting hosted by the Community Action Board of the Center for HIV and STDs would take place at the Miller Community Center on 10/9.
- Harnik informed the group that the comprehensive care needs assessment has generated 520 completed consumer surveys, which is a greater response than last year. He noted that consumer surveys were still coming in. Harnik has received 130 provider surveys, which is not as good as last year. However, those are still coming in as well.
- Craig announced that this would be his last meeting as his term ends this month.

II. Meeting Agenda

☑ *The agenda was approved as written by acclamation.*

III. September Meeting Minutes

☑ *The September minutes were approved as written by acclamation.*

IV. Prevention Grantee Update

Barb presented the “Results of 2008-09 Competitive Process” (attached to official record). The following points were made during the discussion that ensued afterwards:

[Heath arrived at 4:19 p.m.]

- Public Health is still undergoing discussions with Gay City regarding the ownership of the innovative intervention videos. Since this type of project has not been done before, there is a lot of uncharted territory in terms of contracting. Public Health will most likely own these videos, due to rules about public funding. The videos will be presented at the Gay and Lesbian Film Festival, among other venues.
- The Black and Latino MSM rebid will probably be released the week of 10/15. Agencies will have 5.5 weeks to write their proposals, and the due date will be sometime around the end of November depending on when the rebid is released. Agencies will be notified about funding decisions hopefully around the end of November or early December, again depending on the rebid release date. Barb anticipates a delayed start of any program that gets funded through the rebid, since it takes longer than 4 weeks to cut a contract.
- Favorable consideration on the IDU RFP will be given to programs who don't exclusively serve opiate injectors.

☛ **ACTION ITEM:** *Kris requested the following Epi data be available for the next Council meeting: the current best estimate of the number of IDU, the number of MSM IDU, and the number of Meth injectors in King County; and the total money allocated to prevention targeting stimulant users (MSM IDU and MSM non-IDU).*

- An internal Public Health panel will be reviewing IDU submitted proposals. In order to remove conflict of interest, no one from Public Health who is applying for IDU funds will be reviewing the RFPs. Tony expressed concern over this. Kris protested the process, claiming that he did not think Public Health could be un-conflicted. Barb indicated that an internal panel would be the best solution given the quick turn around the Council has placed on the prevention planners. It would be difficult to find outside reviewers able to review 5-6 proposals in such a short amount of time.
- Latino and Black MSM pots were under-allocated because the proposals received were not of high enough quality to fund them fully. The agencies that submitted these proposals were given feedback by the prevention planners are eligible to reapply.

Follow-up on the IDU rebid discussion from the last meeting:

Tony summarized some of the concerns he had with the Prevention Allocation Panel's actions, including suggesting that money be moved into categories the Council did not approve of and diverting money into needs assessments (the Allocation Panel's recommendation that IDU funds go specifically to stimulant users was not part of the Council's priority plan). Some members questioned interventions being prioritized by Public Health after the Council prioritization committee had decided not to do this. Kris added that some Council members were unclear about the distinction between the roles of the Council and Public Health staff regarding prioritization decisions.

It was suggested that the proper place to discuss the boundaries between the Council and Public Health is in the Cooperative Agreement negotiations. Bob requested that in order for Council members to be part of the discussion, that they review the 2003 CDC guidance and come up with their own conclusions on whose role is it to do what. Cooperative Agreement negotiations will most likely begin in January, after the Co-chairs are done revising the bylaws. In response to a question, Jesse explained that negotiations last time lasted about six months, but thinks that it will be shorter this time around since not as much time has elapsed between when it was last revised and now.

☛ **ACTION ITEM:** *Jesse will have the CDC guidance and the Cooperative Agreement posted on the Planning Council web site. In addition, she will email those documents to the Council.*

Jesse will reserve a spot on the January Council agenda to discuss issues that people may have with the current Cooperative Agreement for the Cooperative Agreement revision team to address.

V. Membership Committee

Jodie announced that Gerrie LaQuey was the new Membership Committee co-chair, replacing Dennis Bookhart, whose term expired.

Five Council applicants slated to be voted on at today's meeting introduced themselves and explained why they wanted to be part of the Council.

- Samuel Andrews explained he's applying as an unaligned consumer and is interested in joining the Council as a way of becoming involved and doing something. He is a volunteer at Lifelong in the policy department.
- Kevin Patz informed the group that he has been HIV positive for about 20 years. He's applying as an unaligned consumer, and has taken part in a whole range of services, from case management to Project NEON. Kevin also volunteers at Lifelong, was a HIV test counselor years ago, and is interested in how decision-making and funding works. He added that he is political by nature.
- Kate Elling said that she has been HIV positive for 16 – 18 years. She is involved as a consumer in the BABES Network, case management and getting on the Client Caucus. As a consumer, she feels she needs to be involved in funding decisions, and will be an asset in the process.
- Sarah Kent introduced herself as the Program Manager at BABES. She previously worked at an AIDS organization in Washington DC, and was intrigued to find the epidemic and services available in Seattle to be quite different than in DC. Being on the Council would be a way to ensure that the voices of women are heard, and would provide a learning avenue for Sarah to further fine tune how things work here. Jesse added that Sarah has been serving on the Standards of Care Committee, and is applying as an HIV provider.
- Arthur Padilla introduced himself as the Executive Director of Multifaith Works. He was on Planning Councils both in Southern Arizona and in Washington DC., and is a service provider for people living with AIDS. He brings to the Council a perspective about faith communities.

Jesse clarified that neither Sarah nor Arthur filled specific empty slots, but enough consumers are on the council to allow for Sarah and Arthur to be brought on.

MOTION: Erick moved to vote on each applicant individually. Tony seconded. There was no discussion.

☑ The motion passed unanimously.

☑ All five applicants were voted on to the Council unanimously.

Jesse invited the applicants to the table and informed them that they were not allowed to vote until the King County Executive officially appointed them.

Jodie informed the group that the Membership Committee is still actively recruiting for FBB (providers and consumers), male and female consumers, and a mental health provider. Jesse added that the Membership Committee could use more members.

Jesse noted that Melinda Giovengo, a provider Council applicant, was not able to attend tonight's meeting.

VI. AACT Committee Report

Higinio informed the group that the Committee had a very good follow-up meeting with several Madison Clinic providers. The discussion was a continuation of a meeting that occurred several months ago with Madison Clinic case managers revolving mostly around services and barriers for foreign-born Blacks and Latinos, legal and illegal immigrants. He added that people involved in care would find these meetings really interesting. Higinio requested that members interested in reading the minutes from these meetings contact Natalia.

VII. Cooperative Agreement

Tony referred the Council to the buff Cooperative Agreement document, which describes what the Cooperative Agreement is, why negotiations are needed, who the negotiators are, and the general time frame. Tony informed the group that the Co-chairs would be involved in the negotiations, but wanted to possibly recruit one other Council member to be part of the process. He reminded the Council that it may possibly be a lengthy process, and highly recommended that the recruit have experience on the Council. Kris added that if a new member was interested in being a part of the process, that the member had three months to become an expert in the Cooperative Agreement and CDC guidance. Jesse requested that interested members contact the Co-chairs.

VIII. Care Services Adjustments for 2008

Jesse reminded the Council that the group agreed to adopt the 2007 care allocations for 2008, as long as they would have the opportunity to make adjustments for 2008 should there be any changes in funding sources or service provisions.

Jeff presented his minor adjustment recommendations for 2008 (yellow sheet). The only potential reason for making significant changes for 2008 is if there are going to be changes from external sources, however Jeff hasn't heard that this is going to be the case. Jeff's recommendations are as follows:

- Shift \$40k from mental health to substance abuse. The Council used to fund \$80k in housing for additional services (substance abuse and mental health). It then moved that out of housing into its component parts. The agency actually receiving this funding recommended that the funding be moved into the substance abuse program because their housing clients are getting mental health elsewhere.
- Request an additional \$150k from HRSA for oral health care, specifically endodontic care (e.g., root canals). For years a large gap in dental care has been in endodontic care, which is very expensive. If HRSA awards the additional funding, the TGA will be allowed to provide funding to a for-profit dentist to provide endodontic care.
- Request an additional \$45k from HRSA for housing. One of the major challenges from primary care and respite agencies arises when clients are not sick enough to reside at Bailey, but they need a place to stay for a month or two before moving into permanent housing. A certain agency was able to find a 6-bed respite house to move people out of medical facilities into a transitional program. Jeff requested that the Council agree to fund the program for the entire year (it was only funded for 6 months in 2007), which would mean requesting an additional \$45k from HRSA.
- In total, Jeff would like to request about \$200k from HRSA (\$45k for respite and \$150 for endodontic care). If the TGA receives any of these funds, Jeff will award \$45k to the respite house to keep that program running, and then the remainder to endodontic care.

Kris expressed approval for the addition of endodontic care, and requested that it be addressed during the next round of prioritization if it doesn't get funded this time around.

Jeff noted that the TGA is very close to the 75% core - 25% support services split, stating that more money should be placed into core services. The \$150k that Jeff hopes to request from HRSA for endodontic care would ensure that the TGA has at least 75% of its allocations in core medical services. Without the endodontic funding, the TGA will probably fall below the 75% requirement, and the Council will have to meet to reallocate funds.

Jeff added that the TGA has not gone to HRSA in a while with significant requests.

MOTION: David moved to approve Jeff's 2008 reallocation recommendations. Gerrie seconded. There was no discussion.

☑ The motion passed unanimously.

IX. Standards of Care

Jesse reviewed the mental health and substance abuse standards with the group. She informed the Council that both substance abuse and mental health providers participated in crafting these. She requested that members contact her at the end of the meeting with any spelling/grammatical changes to be made on these documents.

Erick suggested that a comment on assessing personal risk for transmission be added under section 3.0 (HIV Specific Care) of the mental health standard (this exists under section 3.0 of the substance abuse standard).

☑ The group agreed to use language similar to the substance abuse standard for this addition, however, with a small difference – that risk assessment be done on an ongoing basis rather than in the initial assessment. The group agreed that the substance abuse standard was fine as written.

MOTION: Gerrie moved to approve both standards, with the small amendment to the mental health standard. David seconded.

A concern was raised that the Council does not generally make changes to documents, but rather approves them as a whole or rejects them as a whole. In this instance, it was felt that this change was minor enough and was taken from another similar standard, that it would be supported by the Committee.

☑ The motion passed unanimously.

X. Other Business/Next Meeting

- Richard Aleshire announced that with Dennis Bookhart's term ending this month, the Early Intervention Program (EIP) Steering Committee will be short a Planning Council consumer. Richard informed the group that the Planning Council normally has two representatives serving on the EIP Steering Committee, one of whom needs to be a consumer. The other representative can be either a consumer or a provider, and that slot is currently being filled by Shireesha. Eligible members need to reside in King County and be clients of EIP. Part of the Steering Committee member's role is to bring information from EIP to the Council, vice versa. Hence it would be helpful for the member to be familiar with the Council.

Richard explained that Committee membership would entail attending quarterly meetings that deal with the addition of new medications to the program formulary, budgetary reviews, and

eligibility guidelines among other things. Quarterly meetings convene on a Monday and are four hours in length. The Client Caucus meets the Sunday before for two hours. Both of these meetings occur in SeaTac. Members participate in hour-long conference calls once a month on the months that the Committee doesn't meet. EIP Steering Committee members receive per diem (i.e., food and transportation is paid for one full day). Someone living in King County would not generally be given overnight accommodation unless they can show that it would be a hardship for them to travel to SeaTac on both the Sunday and Monday.

Tony, Bill and Ron were identified as being eligible to serve on the Committee (Madeline and Jim were not present). Richard noted that the term for this Committee runs three years generally, but he would be willing to allow for a short term for those who can't sustain the long-term commitment.

The Council was unable to produce any volunteers, so Jesse was asked to add this to the November agenda.

The next EIP Steering Committee meetings will be on November 18th and 19th.

- Jesse reminded the group that the November Council meeting would take place on the first Monday of the month instead of the second Monday of the month, will be shorter in length and will be at Safeco Jackson Street Center.

Next Meeting: Monday, November 5, 2007, 4:00 – 6:00 p.m. at **SAFECO Jackson Street Center - 306 23rd Avenue South, Seattle, 98122**

**** PLEASE NOTE CHANGE IN DATE, LOCATION AND EARLY END TIME ****

The meeting was adjourned.